HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND MONTHLY COBRA PREMIUM RATES FOR SUBSIDY ELIGIBLE QUALIFIED BENEFICIARIES EMPLOYEES WHO WERE INVOLUNTARILY TERMINATED

ACTIVE PLANS ALL BU'S EXCEPT BU12 EFFECTIVE JANUARY 1, 2010

		Total	Employee	Employer
	Type of	COBRA	Portion	Portion
Benefit Plan	Enrollment	Premium	(35%)	(65%)
MEDICAL PLANS				
EUTF PPO (HMA) - 90/10 Plan	Self	\$287.56	\$100.65	\$186.91
	Two-Party	\$698.52	\$244.48	\$454.04
	Family	\$891.46	\$312.01	\$579.45
EUTF PPO (HMSA) - 80/20 Plan	Self	\$278.17	\$97.36	\$180.81
	Two-Party	\$675.71	\$236.50	\$439.21
	Family	\$862.37	\$301.83	\$560.54
EUTF Prescription Drug (informedRx)	Self	\$65.14	\$22.80	\$42.34
	Two-Party	\$158.16	\$55.36	\$102.80
	Family	\$201.92	\$70.67	\$131.25
EUTF HMO (HMSA) Prescription Drug	Self	\$390.54	\$136.69	\$253.85
	Two-Party	\$948.56	\$332.00	\$616.56
	Family	\$1,210.58	\$423.70	\$786.88
Kaiser Comprehensive Prescription Drug	Self	\$316.71	\$110.85	\$205.86
	Two-Party	\$768.63	\$269.02	\$499.61
	Family	\$981.63	\$343.58	\$638.05
Voicer Book	Self	\$280.32	\$98.10	\$182.22
Kaiser Basic	Two-Party	\$680.26	\$238.09	\$442.18
Prescription Drug	Family	\$868.90	\$304.12	\$564.78
EUTF Supplemental (HMSA)	Self	\$140.46	\$49.16	\$91.30
	Two-Party	\$341.56	\$119.55	\$222.01
	Family	\$436.09	\$152.63	\$283.46
Royal State Supplemental Prescription Drug	Self	\$56.28	\$19.70	\$36.58
	Two-Party	\$139.60	\$48.86	\$90.74
	Family	\$157.43	\$55.10	\$102.33
EUTF High Deductible Health Plan	Self	\$265.53	\$92.94	\$172.59
(HMSA)	Two-Party	\$645.21	\$225.82	\$419.39
Prescription Drug	Family	\$823.57	\$288.25	\$535.32
DENTAL PLAN				
HDS Dental	Self	\$31.40	\$10.99	\$20.41
	Two-Party	\$62.81	\$21.98	\$40.83
	Family	\$103.37	\$36.18	\$67.19
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VISION PLAN	0.16	***	***	***
VSP Vision	Self	\$6.16	\$2.16	\$4.00
	Two-Party	\$11.40 \$14.04	\$3.99	\$7.41
	Family	\$14.91	\$5.22	\$9.69
CHIROPRACTIC				
RSN Chiropractic	Self	\$1.47	\$0.52	\$0.95
•	Two-Party	\$2.94	\$1.03	\$1.91
	Family	\$3.12	\$1.09	\$2.03